Revision: HCFA-PM-87-4 (BERC) MARCH 1987

OFFICIAL

ATTACHMENT 3.2-A OMB No.: 0938-0193

	#A### DI AM HMD## #T#1#	XIX OF THE SOCIAL SECURITY AC	•
	DHUDE ICIVM		
Sta	te:		
C	COORDINATION OF TITLE 1	XIX WITH PART B OF TITLE XVIII	
		de the entire range of benefi of Medicare-eligible individua	
/∑ A. Buy-in a	agreements with the Sec	cretary of HHS. This agreemen	t covers:
1. /_/	•	SSI under title IVI or State are categorically needy under an.	the State's
		efits under title II of the Ac nt System are included:	t or under
	<u>/</u> / Yes	<u>/ /</u> No	
2. <u>/ ¾</u>	Individuals receiving SSI under title XVI, State supplementation, or a money payment under the State's approved title IV-A plan, who are categorically needy under the State's approved title XIX plan.		
		efits under title II of the Ac nt System are included:	t or under
	<u>/</u> ∑∕ Yes	// No	
3. <u>/</u> /	All individuals eligit plan.	ble under the State's approved	i title XIX
		ment entered into with the Soc ment covers the following grou	
behalf money	of the following groups Payment Recipients	nsurance costs. Such payments s: Payment is made for mor toward deductible and co- ch Established Fee Schedu	ney and non- -insurance
This relates of groups - not he does not check does #1 for more	nly to comparability of ow XIX paysif Sta #3 for same group-only ney payment receipts and d coinsurance for mone	f devices - benefits under XVI ate has buy-in (which covers p y if it does #3 for another gr nd #3 for non-\$-receipts. How y payment receipts is a matter	III to what premium), it coup, e.g. v it handles
TN No. 87-04		AUG 1 2 1987	

Supersedes Approval Date AUG 13 1987

Reflective Date 7/1/87 TN No. HCFA ID: 1048P/0016P